

LOCATION

Howard County Office of
Children's Services
3300 N. Ridge Road
Suite 360
Ellicott City, MD 21043

DATES/TIME

8:30 am - 3:00 pm
September 27, 2014
October 11, 2014
October 25, 2014
November 8, 2014
November 22, 2014

COST

\$200.00
includes all materials

LUNCH INFO.

Please bring a bagged
lunch. Refrigeration and
a microwave are not
available.

Registration due by
September 22, 2014

Mail completed
Registration Form
with Total Payment of
\$200.00 to:

Howard County OCS
3300 N Ridge Road
Suite 380
Ellicott City, MD 21043

*If you need this flier in an alter-
nate format, call 410-313-1940.
To request a sign language inter-
preter or other accommodations
to attend, call at least one week
in advance.*

Setting the Stage: Assessment in Early Education and Care

- Formerly known as Maryland Model for School Readiness 2013, this training has been updated to better reflect the child care providers, children and families of today's early care and education communities.
- The training consists of five, six-hour modules.
- The new training modules use scenarios to help child care providers learn to analyze family situations, distinguish between observations and judgments, and apply new information to develop a plan for responsive child care.

Register TODAY If You...

- Have never taken MMSR training before.
- Took the 54 hour MMSR and never finished the 9 modules.
- Took the 54 hour MMSR and never implemented it in your program.
- Took the 54 hour MMSR more than five years ago.
- Are curious about the new training and would like to know more about key concepts.
- Need 30 Core of Knowledge hours of high quality training that will assist you in the important work you do with children every day.

[Register Online](#)

Setting the Stage: Assessment in Early Education and Care Office of Children's Services Workshop Registration Form

Name:

Mailing Address

Street Address:

Birthdate (mm/dd/yy):

Home or Work Phone:

City, State, Zip:

Cell Phone:

Email Address:

(confirmations are emailed)

**Payment By
Check or Money Order**

Enclosed, made out to **Howard
County Director of Finance.**

Payment By Credit Card

Card Number: _____
Expiration Date: _____ / _____ Security Code _____
Name on Card: _____